



5209 EAST MARGINAL WAY S. • SEATTLE, WA 98134 • (206) 762-0850
MAILING ADDRESS: P. O. BOX 24067 • SEATTLE, WA 98124-0067
WA CONTRACTOR'S LICENSE #MANSOCC032M1 • FAX (206) 764-8595

LDWSF/2.3.148.1v.1
11/17/03

Response to Request for Information Pursuant to Section 104(e) of CERCLA,
for the Lower Duwamish Waterway Superfund Site, Seattle, Washington
King County Parcels: 0001600060, 1924049067 & 1924049041

EPA Region 10 Superfund

Releasable

Date: 05/11/2011

Document: 1337592

EXHIBIT 2.e

Sample Hazardous Waste Manifest Documents

More detailed information is on file with the Washington State Department of Ecology

USEPA SF



1337598

Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology
Hazardous Waste Information
P.O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170
Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
Site ID			
GM			
WR			
OI			

1. Reason for Submittal

- ☐ To provide **New** Notification of Regulated Waste Activity (complete entire form)
- ☐ To provide **Revised** Site Identification information (complete entire form)
- ☐ To **Withdraw** Site Identification Number (skip sections 10 and 11)
- ☐ To **Reactivate** Site Identification Number (complete entire form)

Effective Date: 12/31/2004

- ☒ A component of the **Dangerous Waste Annual Report** (skip section 11)

Reporting Year: 2004

2. RCRA Site ID Number:

WAD007942824

3. Site Location Information

Company Name: Manson Construction Co
Site Address: 5209 E MARGINAL WAY S
City/State/Zip: SEATTLE, WA 98134
County: KING
Tax Registration Number: 178003672
NAICS Code: 238910
Type of Business: Marine Construction Yard

4. Company Mailing Address

Name: Manson Construction Co
Mail Address: PO Box 24067
City/State/Zip: SEATTLE, WA 98124-0067
Country: UNITED STATES

5. Legal Owner

Name: Manson Construction Co
Mail Address: PO Box 24067
City/State/Zip: SEATTLE, WA 98124-0067
Phone Number (Ext): (206)762-0850
Owner Since: 02/29/1996
Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal
☐ District ☒ Private ☐ Tribal ☐ Other

6. Land Owner

Name: King County
Mail Address: 500 Fourth Ave Room 500
City/State/Zip: SEATTLE, WA 98104
Phone Number (Ext): 206296-7470
Owner Type: ☐ Federal ☐ State ☒ County ☐ Municipal
☐ District ☐ Private ☐ Tribal Land ☐ Puyallup Trust ☐ Other

Dangerous Waste Site Identification Form (continued)	Site ID
RCRA Site ID Number: WAD007942824	
7. Site Operator	
<p>Name: Manson Construction Co., Kathleen Becker</p> <p>Mail Address: PO Box 24067</p> <p>City/State/Zip: SEATTLE, WA 98124-0067</p> <p>Phone Number (Ext): (206)762-0850</p> <p>Operator Since:</p> <p>Operator Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input checked="" type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other </p>	
8. Site Contact	
<p>Name: Kathleen Becker</p> <p>Mail Address: PO Box 24067</p> <p>City/State/Zip: SEATTLE, WA 98124-0067</p> <p>Phone Number (Ext): (206)762-0850</p> <p>Email Address: kbecker@mansonconstruction.com</p>	
9. Form Contact	
<p>Name: Kathleen Becker</p> <p>Mail Address: PO Box 24067</p> <p>City/State/Zip: SEATTLE, WA 98124-0067</p> <p>Phone Number (Ext): (206)762-0850</p> <p>Email Address: kbecker@mansonconstruction.com</p>	
10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply)	
<p>A. Hazardous Waste Activities</p> <p>1. Generator of Hazardous Waste (Choose only one of the following four categories)</p> <p> <input type="checkbox"/> a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo) <input checked="" type="checkbox"/> b. MQG: Medium Quantity Generator (Between 20-2,200 lbs/mo) <input type="checkbox"/> c. SQG: Small Quantity Generator (Less than 220 lbs/mo) <input type="checkbox"/> d. XQG: No Regulated Waste Generated </p> <p>2. Frequency of Generation (Choose only one of the following three types)</p> <p> <input type="checkbox"/> a. Monthly <input type="checkbox"/> b. Batch <input checked="" type="checkbox"/> c. One-time only </p> <p>3. Transporter of Hazardous Waste</p> <p> <input type="checkbox"/> a. Transport own waste <input type="checkbox"/> b. Transport for commercial purposes </p> <p><input type="checkbox"/> 4. Recycler of On-Site Waste <i>(i.e., on-site use, reuse or reclamation of a waste after it has been generated)</i></p> <p> <input type="checkbox"/> 5. Transfer Facility of Hazardous Waste <input type="checkbox"/> 6. Permit-by-Rule (PBR) <input type="checkbox"/> 7. Treatment-by-Generator (TBG) <input type="checkbox"/> 8. Generator of Mixed Radioactive Waste <input type="checkbox"/> 9. Importer of Hazardous Waste </p> <p> <input type="checkbox"/> 10. Treatment, Storage, Disposal or Recycling (TSDR) Facility <i>(Note: a RCRA Permit is required for this activity)</i> </p> <p> <input type="checkbox"/> 11. 24-Hour Recycler of Off-Site Waste <i>(i.e. Immediate Recycler)</i> </p> <p>12. Dangerous Waste Fuel Activity</p> <p> <input type="checkbox"/> a. Generator of dangerous waste fuel <input type="checkbox"/> b. Generator marketing to burner <input type="checkbox"/> c. Other marketers (i.e., blender, distributor, etc.) d. Burner (indicate type of combustion unit) <p> <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace </p> <p>e. Deferrals/Exemptions (in federal registry only)</p> <p> <input type="checkbox"/> 1. Smelter deferral <input type="checkbox"/> 2. Small quantity exemption <input type="checkbox"/> 3. Other (specify): </p> </p>	

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste

(Mark all boxes that apply)

	Generate	Accumulate
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

(Note: A RCRA Permit is required for this activity)

C. Used Oil Activities

1. Off-specification used oil burner

Indicate type(s) of combustion devices

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

2. Used oil transporter

- Indicate type(s) of activity(s)

- ☐ a. Transporter
☐ b. Transfer Facility

3. Used oil processor/re-refiner

- Indicate type(s) of activity(s)

- ☐ a. Process
☐ b. Re-refine

4. Used Oil Fuel Marketer

- ☐ a. Directs shipment of used oil to used oil burner
☐ b. First claims the used oil meets the specifications

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes: Identify those codes that best describe your waste. (e.g., D001 - Ignitable, D002 - Corrosive, D003 - Reactive, etc.)

D001, D002

B. Waste Codes for State Regulated (i.e., non-Federal) Hazardous Wastes: Identify those codes that best describe your waste. (e.g., WT02 - Toxic, WP02 - Persistent, WL02 - Labpack, WSC2 - Solid Corrosive, etc.)

12. Comments

13. Certification

This form cannot be processed without a signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Date

Name (print or type)

Title

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).

14. Electronic Submittals

☐ I am interested in the electronic filing of my Dangerous Waste Annual Reporting and Site Identification information to Ecology over the Internet. Ecology will issue a PIN number, along with electronic filing instructions, in a letter addressed to the Form Contact in Section 9 on this form.

Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology
 Hazardous Waste Information
 P.O. Box 47658
 Olympia, WA 98504-7658
 (800) 874-2022 (within state)
 (360) 407-6170

Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only		Date Received:	
Form	Reviewed	Entered	Verified
Site ID			
GM			
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1. Reason for Submittal

- ☒ To provide **New Notification of Regulated Waste Activity** (complete entire form)
- ☐ To provide **Revised** Site Identification information (complete entire form)
- ☐ To **Withdraw** Site Identification Number (skip sections 10 and 11)
- ☐ To **Reactivate** Site Identification Number (complete entire form) Effective Date: _____ (mm/dd/yyyy)
- ☒ A component of the **Dangerous Waste Annual Report** (skip section 11) Reporting Year: 2003

2. RCRA Site ID Number:

WAD007942824

3a. Site Location Information

Company Name: Manson Construction Co
Site Address: 5209 E MARGINAL WAY S
 SEATTLE WA 98124-0067
County: KING
Tax Registration Number: 178003672
NAICS Code: 238910
Type of Business:

3b.

Company Name: _____
Site Address: _____
City/State/Zip: _____
County: _____
Tax Registration Number: _____
NAICS Code: _____
Type of Business: Marine Construction Yard

4a. Company Mailing Address

Name: Manson Construction Co
Mail Address: PO Box 24067
 SEATTLE WA 98124-0067
Country: UNITED STATES

4b.

Name: _____
Mail Address: _____
City/State/Zip: _____
Country: _____

5a. Legal Owner

Name: Manson Construction Co
Mail Address: PO Box 24067
 SEATTLE WA 98124-0067
Phone Number (Ext): (206) 762-0850
Owner Since: 2/29/1996
Owner Type:

5b.

Name: _____
Mail Address: _____
City/State/Zip: _____
Phone Number (Ext): (____) _____
Owner Since: _____ (mm/dd/yyyy)
Owner Type: ☐ Federal ☐ State ☐ County ☐ Municipal
☐ District ☒ Private ☐ Tribal ☐ Other

6a. Land Owner

Name: King County
Mail Address: 500 Fourth Ave Room 500
 SEATTLE WA 98104
Phone Number (Ext): 206296-7470
Owner Type:

6b.

Name: _____
Mail Address: _____
City/State/Zip: _____
Phone Number (Ext): (____) _____
Owner Type: ☐ Federal ☐ State ☒ County ☐ Municipal
☐ District ☐ Private ☐ Tribal Land
☐ Puyallup Trust ☐ Other

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number: WAD007942824

7a. Site Operator	7b.
Name: _____	Name: _____
Mail Address: _____	Mail Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone Number (Ext): _____	Phone Number (Ext): (____) _____
Operator Since: _____	Operator Since: _____ (mm/dd/yyyy)
Operator Type: _____	Operator Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> District <input type="checkbox"/> Private <input type="checkbox"/> Tribal <input type="checkbox"/> Other

8a. Site Contact	8b.
Name: Kathleen Becker	Name: _____
Mail Address: PO Box 24067	Mail Address: _____
SEATTLE WA 98124-0067	City/State/Zip: _____
Phone Number (Ext): (206)762-0850	Phone Number (Ext): (____) _____
Email Address: _____	Email Address: _____

9a. Form Contact	9b.
Name: Kathleen Becker	Name: _____
Mail Address: PO Box 24067	Mail Address: _____
SEATTLE WA 98124-0067	City/State/Zip: _____
Phone Number (Ext): (206)762-0850	Phone Number (Ext): (____) _____
Email Address: _____	Email Address: _____

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(Choose only one of the following four categories)

- ☐ a. LQG: Large Quantity Generator (Greater than 2,200 lbs/mo)
☐ b. MQG: Medium Quantity Generator (Between 220 – 2,200 lbs/mo)
☐ c. SQG: Small Quantity Generator (Less than 220 lbs/mo)
☒ d. XQG: No Regulated Waste Generated

2. Frequency of Generation

(Choose only one of the following three types)

- ☐ a. Monthly
☐ b. Batch
☐ c. One-time only

3. Transporter of Hazardous Waste

- ☐ a. Transport own waste
☐ b. Transport for commercial purposes

☐ **4. Recycler of On-Site Waste**

(i.e., on-site use, reuse or reclamation of a waste after it has been generated)

☐ **5. Transfer Facility of Hazardous Waste**☐ **6. Permit-by-Rule (PBR)**☐ **7. Treatment-by-Generator (TBG)**☐ **8. Generator of Mixed Radioactive Waste**☐ **9. Importer of Hazardous Waste**☐ **10. Treatment, Storage, Disposal or Recycling (TSDR) Facility**

(Note: A RCRA Permit is required for this activity)

☐ **11. 24-Hour Recycler of Off-Site Waste**

(i.e., Immediate Recycler)

12. Dangerous Waste Fuel Activity

- ☐ a. Generator of dangerous waste fuel
☐ b. Generator marketing to burner
☐ c. Other marketers (i.e., blender, distributor, etc.)
d. Burner (indicate type of combustion unit)

- ☐ 1. Utility boiler
☐ 2. Industrial boiler
☐ 3. Industrial furnace

e. Deferrals/Exemptions (in federal registry only)

- ☐ 1. Smelter deferral
☐ 2. Small quantity exemption
☐ 3. Other (specify): _____

Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste**

(Mark all boxes that apply)

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Mercury containing thermostats	<input type="checkbox"/>	<input type="checkbox"/>
c. Lamps	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste

(Note: A RCRA Permit is required for this activity)

C. Used Oil Activities**1. Off-specification used oil burner** Indicate type(s) of combustion devices

- ☐ 1. Utility boiler
☐ 2. Industrial boiler
☐ 3. Industrial furnace

2. Used oil transporter Indicate type(s) of activity(s)

- ☐ a. Transporter
☐ b. Transfer facility

3. Used oil processor/re-refiner Indicate type(s) of activity(s)

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Additional sheets may be attached for comments if needed.

13. Certification

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



04/28/04

Signature

Date

Kathleen Becker

Safety Manager

Name (print or type)

Title

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Dangerous Waste Site Identification Form

Site ID



Washington State Department of Ecology
 Hazardous Waste Information
 P.O. Box 47658
 Olympia, WA 98504-7658
 (800) 874-2022 (within state)
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Web site: www.ecy.wa.gov/programs/hwtr

For Ecology Use Only		Date Received:	
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2. RCRA Site ID Number:

WAD007942824

3a. Site Location Information

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Site Address: 5209 E MARGINAL WAY S
 SEATTLE WA 98124-0067
County: KING
Tax Registration Number: 178003672
NAICS Code: 238910
Type of Business:

3b.

Company Name: _____
Site Address: _____
City/State/Zip: _____
County: _____
Tax Registration Number: _____
NAICS Code: _____
Type of Business: Marine Construction Yard

4a. Company Mailing Address

Name: Manson Construction Co
Mail Address: PO Box 24067
 SEATTLE WA 98124-0067
Country: UNITED STATES

4b.

Name: _____
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5a. Legal Owner

Name: Manson Construction Co
Mail Address: PO Box 24067
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Owner Since: 2/29/1996
Owner Type:

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6a. Land Owner

Name: King County
Mail Address: 500 Fourth Ave Room 500
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Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number: WAD007942824

7a. Site Operator	7b.
Name: _____	Name: _____
Mail Address: _____	Mail Address: _____
Phone Number (Ext): _____	City/State/Zip: _____
Operator Since: _____	Phone Number (Ext): (____) _____
Operator Type: _____	Operator Since: _____ (mm/dd/yyyy)
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SEATTLE WA 98124-0067	City/State/Zip: _____
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Dangerous Waste Site Identification Form (continued)

Site ID

RCRA Site ID Number:

WAD007942824

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste**

(Mark all boxes that apply)

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☐ **2. Destination Facility for Universal Waste**

(Note: A RCRA Permit is required for this activity)

C. Used Oil Activities**1. Off-specification used oil burner** Indicate type(s) of combustion devices

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2. Used oil transporter Indicate type(s) of activity(s)

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04/28/04

Signature
Kathleen BeckerDate
Safety Manager

Name (print or type)

Title

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Dangerous Waste Annual Report Verification Form

2002

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information

RCRA Site ID: **WAD 007 942 824**

Current Company Name: **Manson Construction Co**

Site Location: **5209 E MARGINAL WAY S**

City/State/Zip: **SEATTLE, WA 98134**

County: **KING**

Dept. of Revenue Tax Registration Number: **178-003-672**

NAICS : **23499**

**This Report is
Due
No Later Than
March 3, 2003**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

1b

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067

Name: _____
Mail Address: _____

2a The legal company/agency owner is:

2b

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

Name: _____
Mail Address: _____

Work Phone: _____ Ext: _____

Did the company ownership change in 2002?

☐ Yes Date: _____ (continue to the right):
☒ No (go to 3a):

I represent the:

☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

3b

Name: **King County**
Mail Address: **508 4th Ave, Rm 500**
Seattle WA 98104
Work Phone: **206-296-7470** Ext: _____

Name: _____
Mail Address: _____

Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

4b

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____
E-Mail Address: _____

Name/Title: _____
Mail Address: _____

Work Phone: _____ Ext: _____
E-Mail Address: _____

5a The contact for annual report forms is:

5b

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____
E-Mail Address: _____

Name/Title: _____
Mail Address: _____

Work Phone: _____ Ext: _____
E-Mail Address: _____



6. Generator Status Required - Indicate the facility's generator status for 2002 by checking the appropriate box. If you changed from last year, use the Comment Section (#9, below) to explain.

- ☐ Large Quantity Generator (LQG) ☒ Small Quantity Generator (SQG)
☐ Medium Quantity Generator (MQG) ☐ No Regulated Waste Generated

7. Electronic Data Submittal - If submitting data electronically, indicate your method of submission. VF must be submitted on paper.

- ☐ Disk(s) included ☐ Data submitted by e-mail

8. Waste Management Activities - Check boxes below ONLY if they apply to your site

8a. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes
☐ Transfer facility
Mode of Transportation
☐ Air
☐ Rail
☐ Highway
☐ Water
☐ Other - specify: _____

8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)

- ☐ For waste generated at this site
☐ For waste generated by other facilities
Which of the Following RCRA permitted activities occur at this facility?
☐ Treatment
☐ Disposal
☐ Storage
☐ No longer RCRA-TSD active

8c. ☐ 24 Hour Immediate Recycler (commercially receives off-site waste)

8d. Used Oil Fuel Marketer

- ☐ Directs shipment or used oil to used oil burner
☐ First claims the used oil meets the specifications

8e. Used Oil Burner - Indicate type(s) of combustion device(s)

- ☐ Utility boiler
☐ Industrial furnace
☐ Industrial boiler

8f. Used Oil Transporter - indicate type(s) of activity(ies)

- ☐ Transfer facility
☐ Transporter

8g. Used Oil Processor/Re-refiner - indicate type(s) of combustion device(s)

- ☐ Process
☐ Re-refine

8h. Dangerous Waste Fuel Activity

- ☐ Generator of fuel
☐ Generator marketing to burner
☐ Other marketers (i.e., blender, distributor)
Deferrals/exemptions (in federal registers only)
☐ Smelter deferral
☐ Small quantity exemption
☐ Other
Burner (indicate type of combustion unit)
☐ Utility boiler
☐ Industrial boiler
☐ Industrial furnace

8i. LQHUW (Large Quantity Handler of Universal Waste)

- ☐ Batteries
☐ Mercury containing thermostats
☐ Lamps

8j. Excluded On-Site Waste management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule (PBR)
☐ Recycling without prior storage or accumulation

9. Comments - additional sheet may be attached for comments if needed

10. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

K. Becker

Date 2/25/2003

Name (print/type) Kathleen Becker

Title Safety Manager

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at 1-800-833-6388 (TTY) or quick dial 711-833-6388 (TTY).

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NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

EXEMPT

Manifest Doc. No.

101394

2. Page 1

of 1

3. Generator's Name and Mailing Address

MANSON CONSTRUCTION MAIN
PO BOX 24067 SEATTLE WA 98124

5209 EAST MARG WAY SO
SEATTLE WA 98108

4. Generator's Phone 206 762-0854

5. Transporter 1 Company Name

BASIN OIL COMPANY INC

6. US EPA ID Number

WAD 988 477 501

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

BASIN OIL COMPANY INC
8661 DALLAS AVENUE SOUTH
SEATTLE WA 98108

10. US EPA ID Number

WAD 988 477 501

C. Facility's Phone 800 439 2948

800 439 2948

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

a. USED OIL FILTERS FOR RECYCLING
MATERIAL NOT REGULATED BY DOT

00 DM 000 GL

b. USED OIL SORBENT PADS FOR RECYCLING
MATERIAL NOT REGULATED BY DOT

00 DM 000 GL

c. PETROLEUM FLOOR SWEEP/ABSORBENT FOR RECYCLING
MATERIAL NOT REGULATED BY DOT

00 DM 000 GL

d.

D. Additional Descriptions for Materials Listed Above

MATERIAL NOT REGULATED BY DOT
MATERIAL NOT REGULATED UNDER WAC 173-303
ALL PETROLEUM PRODUCT 100% RECYCLED

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

ALL MATERIAL IS 100% RECYCLED FOR ENERGY RECOVERY

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

BASIN OIL COMPANY INC
Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

CONFIDENTIAL



Dangerous Waste Annual Report Verification Form

2001

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	
VF				
GM				
WR				
OI				

Site Location Information

RCRA Site ID: **WAD 007 942 824**

Current Company Name: **Manson Construction Co**

Site Location: **5209 E MARGINAL WAY S**

City/State/Zip: **SEATTLE, WA 98134**

County: **KING**

Dept. of Revenue Tax Registration Number: **178-003-672**

Primary SIC : **1629**

NAICS: **23499**

**This Report is
Due
No Later Than
March 1, 2002**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067

1b

Name: _____
Mail Address: _____

2a The legal company/agency owner is

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

2b

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

Did the company ownership change in 2001?

- ☐ Yes Date: _____
(continue to the right):
☒ No (go to 3a):

I represent the

- ☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

- ☐ Entire year
☐ My term of ownership only

3a The land owner of this site is

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

3b

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

4b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

5a The contact for annual report forms is

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

5b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____



6. Generator Status Required – Indicate the facility's generator status for 2001 by checking the appropriate box. If you changed from last year, use the Comment Section (#9, below) to explain.

- ☐ Large Quantity Generator (LQG) ☐ Small Quantity Generator (SQG)
☒ Medium Quantity Generator (MQG) ☐ No Regulated Waste Generated

7. Electronic Data Submittal - if submitting data electronically, indicate your method of submission. VF must be submitted on paper.

- ☐ Disk(s) included ☐ Data submitted by e-mail

8. Waste Management Activities – Check boxes below ONLY if they apply to your site

8a. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes
☐ Transfer facility
Mode of Transportation
☐ Air
☐ Rail
☐ Highway
☐ Water
☐ Other - specify: _____

8b. Treatment, Storage, Disposal, Recycling (TSDR) Facility (requires permit)

- ☐ For waste generated at this site
☐ For waste generated by other facilities
Which of the Following RCRA permitted activities occur at this facility?
☐ Treatment
☐ Disposal
☐ Storage
☐ No longer RCRA-TSD active

8c. ☐ 24 Hour Immediate Recycler (commercially receives off-site waste)

8d. Used Oil Fuel Marketer

- ☐ Directs shipment or used oil to used oil burner
☐ First claims the used oil meets the specifications

8e. Used Oil Burner – Indicate type(s) of combustion device(s)

- ☐ Utility boiler
☐ Industrial furnace
☐ Industrial boiler

8f. Used Oil Transporter – indicate type(s) of activity(ies)

- ☐ Transfer facility
☐ Transporter

8g. Used Oil Processor/Re-refiner – indicate type(s) of combustion device(s)

- ☐ Process
☐ Re-refine

8h. Dangerous Waste Fuel Activity

- ☐ Generator of fuel
☐ Generator marketing to burner
☐ Other marketers (i.e., blender, distributor)
Deferrals/exemptions (in federal registers only)
☐ Smelter deferral
☐ Small quantity exemption
☐ Other
Burner (indicate type of combustion unit)
☐ Utility boiler
☐ Industrial boiler
☐ Industrial furnace

8i. LQHUW (Large Quantity Handler of Universal Waste)

- ☐ Batteries
☐ Mercury containing thermostats
☐ Lamps

8j. Excluded On-Site Waste management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule (PBR)
☐ Recycling without prior storage or accumulation

9. Comments – additional sheet may be attached for comments if needed

10. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink) _____

Date February 26, 2002

Name (print/type) Kathleen Becker

Title Safety Manager

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6006 (TDD).

CONFIDENTIAL



Dangerous Waste Annual Report Verification Form

2000

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification
VF			
GM			
WR			
OI			

Site Location Information:

RCRA Site ID: **WAD 007 942 824**
Company Name: **Manson Construction Co**
Site Location: **5209 E MARGINAL WAY S**
City/State/Zip: **SEATTLE, WA 98134** County: **KING**
Dept. of Revenue Tax Registration Number: **178-003-672** Primary SIC : **1629**
Current company name if different from above _____

**This Report is
Due
No Later Than
March 1, 2001**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067

1b

Name: _____
Mail Address: _____

2a The legal company/agency owner of this site is:

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

2b

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

Did the company ownership of this site change in 2000?

☐ Yes Date: _____
(continue to the right):
☒ No (go to 3a):

I represent the

☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

3b

Name: _____
Mail Address: _____
Work Phone: _____ Ext: _____

4a The contact for site visits and inspections is:

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

4b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

5a The contact for annual report forms is:

Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

5b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 2000 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

6a. Generator Status

- ☒ Large Quantity Generator (LQG)
☐ Medium Quantity Generator (MQG)
☐ Small Quantity Generator (SQG)
☐ No regulated dangerous waste generated

6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes
☐ Transfer facility

6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
☐ For waste generated by other facilities

6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule - (PBR)
☐ Recycling without prior storage or accumulation

7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

7a. Paper Form Submittal

- ☒ Verification (VF) Form
☒ Generation and Management (GM) Form
☒ Off-site Identification Information (OI) Form
☐ Waste Received (WR) Form
☐ Recycling Credit documentation attached

Total Number of pages submitted

7b. Electronic Data Submittal

- ☐ Verification (VF) Form (paper only)
☐ Disk(s) included
☐ Data submitted on Internet
☐ Recycling Credit documentation attached (paper only)

8. Comments

One-time operation to upgrade power barge, including the removal and disposal
of PCB transformers

9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

K E Becker

Name (print/type)

Kathleen Becker

Date

02/23/01

Title

Safety Manager

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

Do Not FAX this document unless requested by the Department of Ecology.

Page 2 of 12

CONFIDENTIAL



Dangerous Waste Annual Report Verification Form

1999

Washington State Department of Ecology
Hazardous Waste Information
P. O. Box 47658
Olympia, WA 98504-7658
(800) 874-2022 (within state)
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	P3
VF				
GM				
WR				
OI				

Site Location Information

RCRA Site ID: **WAD 007 942 824**
Company Name: **Manson Construction Co**
Site Location: **5209 E MARGINAL WAY S**
City/State/Zip: **SEATTLE, WA 98134**
Dept. of Revenue Tax Registration Number: **178-003-672**
Current company name if different from above _____

COPY

County: **KING**
Primary SIC : **1629**

**This Report is
Due
No Later Than
March 1, 2000**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

1a The mailing address for this site is:

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067

1b

Name: _____
Mail Address: _____

2a The legal company/agency owner of this site is:

Name: **Manson Construction Co**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

2b

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

Did the company ownership of this site change in 1999?

☐ Yes Date: _____
(continue to the right):
☒ No (go to 3a):

I represent the

☐ Current Company Owner
☐ Previous Company Owner

This report covers waste activity for:

☐ Entire year
☐ My term of ownership only

3a The land owner of this site is:

Name: _____
Mail Address: _____
Phone: _____ Ext: _____

3b

Name: _____
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Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

4b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

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Name/Title: **Kathleen Becker**
Mail Address: **PO Box 24067**
SEATTLE, WA 98124-0067
Work Phone: **(206)762-0850** Ext: _____

5b

Name/Title: _____
Mail Address: _____
Work Phone: _____ Ext: _____

80333167



Page 1 of 7

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6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 1999 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

6a. Generator Status

- ☐ Large Quantity Generator (LQG)
☒ Medium Quantity Generator (MQG)
☐ Small Quantity Generator (SQG)
☐ No regulated dangerous waste generated

6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility
☐ For waste generated by other facilities

6d. Excluded On-Site Waste Management Activities (for waste streams that are not reported on a GM form)

- ☐ Permit-by-Rule - (PBR)
☐ Recycling without prior storage or accumulation

6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste
☐ Transporter for commercial purposes

7. Report Summary

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- ☒ Verification (VF) Form
☒ Generation and Management (GM) Form
☒ Off-site Identification Information (OI) Form
☐ Waste Received (WR) Form
☐ Recycling Credit documentation attached

7b. Electronic Data Submittal

- ☐ Verification (VF) Form
☐ Disk(s) included
☐ Data submitted on Internet
☐ Recycling Credit documentation attached

Total Number of pages submitted

8. Comments

9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature (in ink)

KE Becker

Name (print/type)

Kathleen E. Becker

Date

February 28, 2000

Title

Safety Supervisor

If you have special accomodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

Do Not FAX this document unless requested by the Department of Ecology.

Page 2 of 7

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